No. 2
5-42
17-39
X32873

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS 194
FILED JUN 1 194

STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18477

Registration District No. 236 — Primary Registration District No. 4352 — Registrar's No. 15

1. PLACE OF DEATH:
(a) County MORGAN.
(b) City or town VERSAILLES. (If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution (Specify whether years, months or days) In this community LIFETIME.

2. USUAL RESIDENCE OF DECEASED:
(a) State Mo. (b) County MORGAN. 71
(c) City or town VERSAILLES. 0 (If outside city or town limits, write "RURAL")
(d) Street No. (If rural, give location)
(e) Citizen of foreign country? No. (Yes or No) If yes, name country 0

3. (a) PRINT FULL NAME FLORENCE MAUDE HUFFMAN.
3. (b) If veteran, name war
3. (c) Social Security No.

4. Sex F. | 5. Color or race W. | 6. (a) Single, widowed, married, divorced MARRIED.
6. (b) Name of husband or wife JOHNNY CLARENCE HUFFMAN.
6. (c) Age of husband or wife if alive 53. years
7. Birth date of deceased AUG. (Month) 29, (Day) 1885. (Year)

8. AGE: Years 57. | Months 8. | Days 12. | If less than one day hr. min.

9. Birthplace No RECORD. (City, town, or county) MO. 0 (State or foreign country)
10. Usual occupation HOUSE WIFE.
11. Industry or business HOME.

FATHER
12. Name JOHN TAYLOR.
13. Birthplace No RECORD. (City, town, or county) ILL. 1 (State or foreign country)

MOTHER
14. Maiden name CATHEREN RADLEY.
15. Birthplace No RECORD. (City, town, or county) ILL. 1 (State or foreign country)

16. (a) Informant HERMAN MILLER.
(b) Address VERSAILLES, MO.
17. (a) BURIAL. (Burial, cremation, or removal) (b) Date thereof 5/14/43. (Month) (Day) (Year)
(c) Place: burial or cremation BIG ROCK CEM'T'Y.
18. (a) Signature of funeral director W. F. Mallett
(b) Address Versailles Mo
19. (a) 5-14-1943 (Date received local registrar) (b) Roy Berkstresser (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MAY day 11TH year 1943. hour 8 minute 00 A. M.
21. I hereby certify that I attended the deceased from July 15, 19 42, to May 11, 19 43, that I last saw h.. alive on May 10, 19 43, and that death occurred on the date and hour stated above.

	Duration
Immediate cause of death Melano Carcinoma	7 mo
Due to	
Due to	
Other conditions (Include pregnancy within 3 months of death)	
Major findings: Of operations Biopsy — Of autopsy	

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place) While at work? (e) Means of injury

23. Signature J. L. Washburn (M. D. or other) MD
Address Versailles Mo Date signed 5/14/43

1027 (Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 7
DEC 16 1943

District File Number 5-43-482
Date Filed 6-8-43

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....,

working under my personal supervision.

Signed H. T. Mitchell

Licensed Embalmer No. 1596

P. O. Address Versailles Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

S. No. 2B
M—8-21-41
I X29288

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No.....

Registration District No. 236 Primary Registration District No. 4852 Registrar's No. 15

1. PLACE OF DEATH:

(a) County Morgan
(b) City or town Versailles
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether years, months or days)
In this community.....

2. USUAL RESIDENCE OF DECEASED:

(a) State..... (b) County.....
(c) City or town.....
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?.....(Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME Florence Maude Huffman

3. (b) If veteran, name war.....

3. (c) Social Security No.....

4. Sex F

5. Color or race W

6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife.....

6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased Aug 29 (Month) (Day) 1885 (Year)

8. AGE: Years 57 Months 8 Days If less than one day hr. min.

9. Birthplace..... (City, town, or county) MO (State or foreign country)

10. Usual occupation.....

11. Industry or business.....

MOTHER FATHER

12. Name.....

13. Birthplace..... (City, town, or county) (State or foreign country)

14. Maiden name.....

15. Birthplace..... (City, town, or county) (State or foreign country)

16. (a) Informant.....
(b) Address.....

17. (a) ..... (Burial, cremation, or removal) (b) Date thereof..... (Month) (Day) (Year)
(c) Place: burial or cremation.....

18. (a) Signature of funeral director.....
(b) Address.....

19. (a) ..... (Date received local registrar) (b) ..... (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March 21
year 1943 hour..... minute.....M.

21. I hereby certify that I attended the deceased from..... to..... 19....;
that I last saw h... alive on..... 19....;
and that death occurred on the date and hour stated above.

Immediate cause of death Melanoma — Duration 2 yr
Due to Exact location Unknown — Metastatic
Due to or Generalized When Seen
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations 5 Sep
Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work?..... (e) Means of injury.....

23. Signature J. L. Washburn (M. D. or other)
Address..... Date signed.....

SUPPLEMENTARY

S-18477